

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/674237

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7	/		/		/	
8		/		/		/
9		18				
10		21				
11	/		/		/	
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18		/		/		/
19		13		/		/
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21		/		/		/
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41	/		/		/	
42		21		/		/
43	/		/		/	
44	/		/		/	
45	/		/		/	
46	/		/		/	
47	/		/		/	
48	/		/		/	
49	/		/		/	
50		/		/		/
TOTAL IND.	26					
TOTAL DEP.	23					
TOTAL CLAIMS	49					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
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97						
98						
99						
100						
TOTAL IND.	26		26			
TOTAL DEP.	32		25			
TOTAL CLAIMS	58		51			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS